

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 365

1941 FEB 25 1941
Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 365

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME NORMAN EPSTEIN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 1, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 0 12 hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name HARRY EPSTEIN
13. Birthplace VOLHYNIA RUSSIA
(City, town, or county) (State or foreign country)
14. Maiden name ANNA GOLDBERG
15. Birthplace GRODNO RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANNA EPSTEIN

(b) Address 5818 THEODOSIA

17. (a) BURIAL (b) Date thereof 1/14/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHESED SHELE METH

18. (a) Signature of funeral director H. B. BERGER

(b) Address 4715 McPHERSON

19. (a) JAN 14 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 617
(If outside city or town limits, write "RURAL")
(d) Street No. 5818 THEODOSIA 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 12/12/40, 19____, to 1/13/41, 19____;
that I last saw him alive on 1/13/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Pneumia) Duration 4 wks.

Due to Streptococcus - bronch - hem.

Due to 29

Other conditions 179
(Include pregnancy within 3 months of death)

Major findings: Pneumonia -
Of operations subphrenic abscess, cause
Of autopsy unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature J. W. Bredeck (M. D. or other)
Address Jewish Hosp Date signed 1/13/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1597

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.